

**Jim Doyle**  
Governor

**Roberta Gassman**  
Secretary

**Bettie A. Rodgers**  
Division Administrator



**State of Wisconsin**  
**Department of Workforce Development**

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October 29, 2003

Dear Wisconsin Works (W-2) Agency:

The attached application authorizes the Department of Workforce Development/Division of Workforce Solutions to directly charge Worker's Compensation premiums as an expense to your W-2 and Related Programs Contract. The quarterly premiums are based on the number of participants in the W-2/Community Service Jobs, Transitional Placements components and/or Food Stamp Employment and Training (FSET) programs per the Client Assistance for Reemployment and Economic Support (CARES) System.

The current premium is \$25 per participant per quarter divided by three (to charge an unduplicated count), which is approximately \$8 per participant per month.

In order to update our contact and mailing records, we request all W-2 agencies sign either the DWD/DWS/Wausau Insurance Worker's Compensation Coverage Application to participate in the program or the DWD/DWS/Wausau Insurance Worker's Compensation Coverage Receipt Form to waive participation. Each new contract period, DWD/DWS will request that a new application or receipt form be signed.

If your agency chooses to participate in the statewide program, please complete and sign the attached application and return with your signed Contract. If your agency chooses not to participate, please sign the attached receipt form in order to document your acknowledgement of the program and your agency's decision to waive participation and return with your signed Contract. Thank you.

Sincerely,

Bettie A. Rodgers  
Administrator